

## **GWC101a/b "Authorization for Medical Examination and/or Treatment"**

Part A: This side of the form should be completed in full and signed by the employer. It authorizes a physician or a medical facility to examine and/or treat the employee for the injuries arising out of such accidental occupational injury, illness, or disease covered by the Guam Worker's Compensation Law.

The injured worker may choose not to seek the initial treatment however this declination does not prohibit the worker to request such treatment in the future. The employer issues the first authorization. All subsequent authorizations are issued by the respective worker's compensation insurance carrier.

Part B: INSTRUCTIONS TO PHYSICIAN: This initial report should be completed and mailed within 20 days, the original to the Commissioner (see box 13 for address), with a copy to the Company's worker's compensation insurance carrier named in box 14. Subsequent reports should be made regularly on this form or in a narrative form while employee is in your care.

The physician's billing should be included with copies of Part A and B and forwarded to the insurance carrier named in box 14.

Click [here](#) to download form GWC101a/b      **GWC201 "Notice of Employee's Injury, Illness or Death"**

This form may be used by the Employee to file a notice of an injury, illness or in the case of death by Employee's representative. No benefits can be paid without this notice. Notice shall be given to the Commissioner and to the Employer by delivery or to the last known place of business. A written statement by the injured worker or an in-house incident/accident report is also acceptable. The worker may be contacted by this office should further information be needed.

Click [here](#) to download form GWC201

## **GWC202 "Employer's Report of Occupational Injury or Illness"**

This form may be used by the Employer to report an injury, illness or death. 22 GCA 9131 requires the Employer to report to the Commissioner within ten (10) days from the date of or knowledge of any injury, illness or death. Failure or refusal to file this report may subject the Employer to a penalty of up to \$500.00 for EACH failure or refusal to do so.

Click [here](#) to download form GWC202

## **GWC203 "EMPLOYEE'S CLAIM for COMPENSATION" (Rev 09/2008)"**

This form maybe used by the Employee when filing a CLAIM for compensation.

CAUTION: 22 GCA 9114 requires the filing of a claim within one (1) year after the date of the injury or date of last payment of compensation to toll the statute of limitation. Third party recovery may be forfeited if a claim is filed.

22 GCA §9132 "Any person who willfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment under this Title, or for the purpose of evading liability for any benefit or payment under this Title, shall be guilty of a misdemeanor."

Click [here](#) to download form GWC203

### **GWC 206 "NOTICE to COMMISSIONER that PAYMENT of COMPENSATION begun WITHOUT AWARD (Rev 12/04)"**

This notice is to be filed with the Commissioner when first payment is made. A copy shall be sent to the person to whom compensation is paid. 22 GCA 9115(c).

Click [here](#) to download form GWC206

### **GWC 207 "NOTICE to COMMISSIONER of CONTROVERSION of RIGHT to COMPENSATION (Rev Jan 2005)"**

This form may be used by the Employer or the Carrier to controvert the right to compensation 22 GCA 9115(d) requires the Employer or the Carrier to PAY compensation PROMPTLY and WITHOUT AWARD unless the right to compensation is controverted by the filing of this notice. Failure to either pay each compensation installment, or controvert the right to compensation,

within fourteen (14) days after it becomes due, may result in liability for additional compensation equal to 10% of each installment not paid when due. If the right to compensation is controverted, reasons for controversion should be fully stated in Item 8. Complete and send original to the Worker's Compensation Commission and a copy to the Employee.

Click [here](#) to download form GWC207

### **GWC-208: NOTICE of SUSPENSION or TERMINATION PAYMENT of COMPENSATION (Rev Dec 2004)**

This notice MUST be filed with the Commissioner within 16 days after compensation has either been suspended or terminated. If payments have been suspended but will be reinstated or are being modified, indicate on Item 11 and the reasons therefore. This form is to be used in reporting either disability or death payments.

**PENALTY FOR LATE OR NON-FILING:** Delay in or failure to file this notice as required by the Worker's Compensation Commission shall subject payor to a penalty of \$100. 22 GCA 9115(q).

Click [here](#) to download form GWC208

### **GWC210 "Employer's Supplemental Report of Accident or Occupational Illness"**

This report must be filed promptly with the Commissioner in every case in which (1) Form GWC-202 does not show the date employee returned to work, and (2) each time an injured employee has returned to work but later becomes disabled for work. If the employee is medically certified disabled for work, compensation payments should be reported by the insurance carrier on Forms GWC-206 and/or GWC-208. Medical reports must be sent to the Commissioner promptly following first treatment and thereafter while treatment continues.

Click [here](#) to download form GWC210 **GWC-221: APPLICATION for LUMP SUM PAYMENT (Revised Dec 2004)**

Complete this application {Applicant: #1-8/Carrier: #9-12} in duplicate and deliver or mail both to the Office of the Commissioner. If the Commissioner approves this application, it will be forwarded to the Commission for its consideration. [22 GCA 9115(j)].

Click

[here](#)

to download form GWC221

**GWC-262: WIDOW'S, WIDOWER'S and/or DEPENDENT CHILDREN'S CLAIM for DEATH BENEFITS (Revision Dec 2004)**

Use this form to claim for death benefits for WIDOW, WIDOWER, and/or DEPENDENT CHILDREN under the Worker's Compensation Law. Submit claim (in duplicate) to the Office of the Worker's Compensation Commission. FILE WITHIN ONE (1) YEAR of the death of employee, or after it was concluded that death was related to the employment. A person other than the widow, widower, and/or child may complete claim for the beneficiary.

**\*\* NO CLAIM FOR DEATH BENEFIT NEED BE PAID UNLESS A COMPLETED CLAIM FORM HAS BEEN FILED \*\*** Click [here](#) to download form GWC262

**\* PLEASE PRINT LEGIBLY ON ALL FORMS \* 22 GCA 9132 PENALTY FOR MISREPRESENTATION:** "Any person who wilfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment under this Title or for the purpose of evading liability for any benefit or payment under this Title shall be guilty of a misdemeanor and on conviction thereof shall be punished by a fine not to exceed one thousand dollars (\$1,000.00), or by imprisonment not to exceed one (1) year, or both."